COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket SC09785T

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SEMICONDUCTOR PACKAGE AND METHOD THEREFOR, the specification of which is attached hereto unless the following box is checked:

was filed on

	Application No was amended on			
I hereby state that specification, incl	at I have reviewed a uding the claims, as	and understand amended by	d the contents of th any amendment ref	e above identified erred to above.
I acknowledge the	e duty to disclose i accordance with Ti	information whitle 37, Code o	nich is material to the federal Regulation	ne examination of ns, §1.56.
of any foreign ap also identified be	reign priority benefication(s) for patelow any foreign appetent of the application(s)	ent or invento dication for pa	or's certificate listed atent or inventor's c	d below and have
(Number)	(County)		(Day/Month/Year Filed	Yes No
(Number)	(County)		(Day/Month/Year Filed	_
	ne benefit under Tit al application(s) liste		States Code, § 119	e(e) of any United
(Application Number)		(Filing Date)		
(Application Number)	(Filing Date)		

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37,

post office address: Same as above

Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. (Status - patented, pending, abandoned) (Filing Date) (Application Number) (Status - patented, pending, abandoned) (Filing Date) (Application Number) I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Robert F. Hightower, Reg. No. 36,163: Miriam Jackson, Reg. No. 33,911: Vincent B. Ingrassia, Reg. No. 25,732. Address all telephone calls to Mr. Robert F. Hightower at telephone no. (602) 441-1036. Address all correspondence to Vincent B. Ingrassia, Motorola, Inc., Intellectual Property Department - Suite R3108, P.O. Box 10219, Scottsdale, Arizona 85271-0219. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. INVENTOR'S SIGNATURE : FULL NAME OF FIRST INVENTOR SON KY QUAN CITIZENSHIP: 15933 E. Sycamore Drive, Fountain Hills, AŽ 85268 United States POST OFFICE ADDRESS Same as above DATE: INVENTOR'S SIGNATURE FULL NAME OF SECOND INVENTOR SAMUEL L. COFFMAN CITIZENSHIP: **United States** 11603 N. 86th Street, Scottsdale, AZ 85260 POST OFFICE ADDRESS: Same as above FULL NAME OF THIRD INVENTOR INVENTOR'S SIGNATURE : BRUCE REID CITIZENSHIP: **United States** 2350 W. 8th Avenue, Mesa, AZ 85202

FULL NAME OF FOURTH INVENTOR KEITH E. NELSON	INVENTOR'S SIGNATURE:	-	DATE: \$/28/96		
RESIDENCE: 1721 E. Carmen Street, Tempe,	AZ 85224	CITIZENSHIP United			
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FULL NAME OF FIFTH INVENTOR DEBORAH A. HAGEN	INVENTOR'S SIGNATURE:	<i>n</i>	DATE: 9/17/96		
DEGREE VOC.			P: States		
POST OFFICE ADDRESS: Same as above					